

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 10/2/05 2 Serial/Patent # 10/517828

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input checked="" type="checkbox"/> Other <u>Search fee adjustment</u>				\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/> Overpayment		<input type="checkbox"/> Treasury Check		
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	<u>19-3935</u>	
10 REASON:				
<input checked="" type="checkbox"/> Overpayment				
<input type="checkbox"/> Duplicate Payment				
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Kaya Lewis (Baltimore)</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>Kaya B-L</u>		PHONE: <u>(703) 308-9140</u>		
OFFICE: <u>DOED</u>		Ext 202		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B